

Steez

# Work Order ID 156046

**\*156046\***

Wednesday, January 25, 2017 9:00:20 AM

Item ID: D206-781-011L02 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Floor Protector - Pilot & Co-Pilot Black *MKS*  
 Start Date: 1/31/2017 Start Qty: 1.00 **\*1\*** Cust Item ID:  
 Required Date: 2/3/2017 Req'd Qty: 1.00 **\*1\*** Customer:  
 Reference:

Approvals: Process Plan: *[Signature]* Date: **JAN 25 2017** Tooling: Date: Run Start **\*NR1\***  
 QC: Date: SPC (Y/N): Date: Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                                     | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
| Draw Nbr                       | Revision Nbr                                                 |                      |         |        |              |               |               |                  |                |
| DSI9695                        | A                                                            |                      |         |        |              |               |               |                  |                |
| 100                            | Document Control                                             | 0.00                 |         |        |              |               |               |                  |                |
| <b>*100*</b>                   |                                                              |                      |         |        |              |               |               |                  |                |
| DC                             | Memo                                                         | 0.00                 |         |        |              |               |               |                  |                |
| Doc.Control -USB or Paperwork  | Photocopy bluefile & type labels per PPP D206-781-011 Chg001 |                      |         |        |              |               |               |                  |                |
| 110                            | Pick Kit                                                     | 0.00                 |         |        |              |               |               |                  |                |
| <b>*110*</b>                   |                                                              |                      |         |        |              |               |               |                  |                |
| Packaging                      | Memo                                                         | 0.00                 |         |        |              |               |               |                  |                |
| Packaging                      |                                                              |                      |         |        |              |               |               |                  |                |
| 120                            | QC4- 100% Inspect kits for completeness                      | 0.00                 |         |        |              |               |               |                  |                |
| <b>*120*</b>                   |                                                              |                      |         |        |              |               |               |                  |                |
| QC                             | Memo                                                         | 0.01                 |         |        |              |               |               |                  |                |
| Quality Control                |                                                              |                      |         |        |              |               |               |                  |                |

*2X* **DAS 27 9-89**

FEB 08 2017

*2*

FEB 06 2017

**DAS 6 28 9-89**

*2X*

**DAS 27 9-89**

FEB 08 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                            |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                               |  |  |                                                                                                                                                            |  |  |
| Date :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Step #:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br>Completed By _____<br><br>Lead hand / Supervisor Approval Verification _____<br><br>QC / QA Coordinator Approval _____ |  |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                            |  |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="width: 50%;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="width: 50%;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |  | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="width: 50%;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="width: 50%;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> |  | <div style="display: flex;"> <div style="width: 50%;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="width: 50%;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |  |                                                                                                                                                            |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                                                            |  |  |

**Work Order ID 156046**

Wednesday, January 25, 2017 9:00:20 AM

**\*156046\***

Page 2

Item ID: D206-781-011L02

Accept

**\*N900040100\***

Setup Start

**\*NS1\***

Revision ID:

Stop

**\*NS2\***

Item Name: Floor Protector - Pilot &amp; Co-Pilot Black

Start Date: 1/31/2017 Start Qty: 1.00

**\*1\***

Cust Item ID:

Required Date: 2/3/2017 Req'd Qty: 1.00

**\*1\***

Customer:

Reference:

Approvals:

Process Plan: \_\_\_\_\_

Date: \_\_\_\_\_

Tooling: \_\_\_\_\_

Date: \_\_\_\_\_

Run Start

**\*NR1\***

QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N): \_\_\_\_\_

Date: \_\_\_\_\_

Stop

**\*NR2\***Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

130

0.00

**\*130\***

Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D206-781-011  
Location: FG026

PPP156558 X7

1XFG026

X2

DAS  
279-89  
FFR 08 2017

140

QC21- Final Inspection - Work Order Release

0.00

**\*140\***

QC

Memo

0.02

Quality Control

17/2/9

ME  
17-2-09



DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER :                                                                                                                                                                            |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                               |  |                       |                                              |  |

Wednesday, January 25, 2017 9:00:27 AM

**\*156046\***

**\*D206-781-0111 02\***

**Required Date:** 2/3/2017

**Required Qty: 1.00**

IPP Rev C

| Component Item ID/<br>Item Name  | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand  | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|----------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|-----------------|-------------|--------------|---------------|----------------|--------|
| D3874-1L02                       |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000          | 1           | 17           |               |                |        |
| *D3874-1L02*                     |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |
| Floor Protector - Co-pilot Black |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |
| D3874-2L02                       |                        | Manufactured  | No          |                     |                  | 110             | Each               | 0.0000          | 1           | 12           |               |                |        |
| *D3874-2L02*                     |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |
| Floor Protector - Pilot Black    |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |
| D3800-1-100                      |                        | Manufactured  | No          |                     |                  | 110             | f                  | 123.3690        | 10          | 1020         |               |                |        |
| *D3800-1-100*                    |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |
| Hook And Loop Strip (1" Soft)    |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |
|                                  |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                  |                        |               |             | ST419               |                  | 123.369         |                    |                 |             | 156568       |               |                |        |
|                                  |                        |               |             | 142220              |                  | 0.852           |                    |                 |             |              |               |                |        |
|                                  |                        |               |             | 154749              |                  | 47.517          |                    |                 |             |              |               |                |        |
|                                  |                        |               |             | 154757              |                  | 75              |                    |                 |             |              |               |                |        |
| cut qty 4 at 30.00" long         |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |
| D3800-3-100                      |                        | Manufactured  | No          |                     |                  | 110             | f                  | 50.8670         | 10          | 1020         |               |                |        |
| *D3800-3-100*                    |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |
| Hook And Loop Strip (1" Hard)    |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |
|                                  |                        |               |             | <u>Location</u>     |                  | <u>Loc Qty</u>  |                    | <u>Loc Code</u> |             |              |               |                |        |
|                                  |                        |               |             | ST419               |                  | 50.867          |                    |                 |             | 156009       |               |                |        |
|                                  |                        |               |             | 153923              |                  | 1.6835          |                    |                 |             |              |               |                |        |
|                                  |                        |               |             | 154758              |                  | 49.1835         |                    |                 |             |              |               |                |        |
| cut qty 4 at 30.00" long         |                        |               |             |                     |                  |                 |                    |                 |             |              |               |                |        |

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                           |  |                                              |  |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | MRB (QSI042) Approval                        |  |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Completed By                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Lead hand / Supervisor Approval Verification |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator Approval                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                              |  |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                              |  |
| <div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> </div> | <div style="display: flex;"> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Misabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  | OTHER : _____                                |  |



# Picklist Print

Page 2

Wednesday, January 25, 2017 9:00:27 AM

Work Order ID: 156046

**\*156046\***

Parent Item: D206-781-011L02

**\*D206-781-011L02\***

Parent Item Name: Floor Protector - Pilot &amp; Co-Pilot Black

Start Date: 1/31/2017

Required Date: 2/3/2017

Start Qty: 1.00

Required Qty: 1.00

AN4-13A

Purchased

No

110

Each

401.0000

2

27

**\*AN4-13A\***

Bolt

\*\*

FEB 06 2017

DAS 6 9-89  
DAS 28 9-89LocationLoc QtyLoc Code

|         |     |  |
|---------|-----|--|
| FG      | 20  |  |
| 122808  | 20  |  |
| GA      | 76  |  |
| m134634 | 19  |  |
| m135470 | 57  |  |
| over003 | 200 |  |
| m136665 | 200 |  |
| ST344   | 105 |  |
| m136263 | 105 |  |

110

Each

3,888.000

2

27

NAS1149D0463J

Purchased

No

**\*NAS1149D0463.J\***

Washer

\*\*

FEB 06 2017

DAS 6 9-89  
DAS 28 9-89LocationLoc QtyLoc Code

|         |      |   |
|---------|------|---|
| GA      | 80   |   |
| M134508 | 13   |   |
| M135056 | 67   |   |
| ST260a  | 2600 |   |
| M136263 | 600  | 4 |
| M136665 | 2000 |   |
| ST263   | 1208 |   |
| M136044 | 22   |   |
| M136192 | 600  | 4 |
| M136406 | 586  |   |

Wednesday, January 25, 2017 9:00:27 AM

Shop Packet Print

Page 2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                      | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Step #: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | QTY Effective : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | MRB (QSI042) Approval                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Completed By                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Lead hand / Supervisor<br>Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | QC / QA Coordinator<br>Approval                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Root Cause                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | FAULT CATEGORY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Environment <input type="checkbox"/><br>Design <input type="checkbox"/><br>Doc/Data <input type="checkbox"/><br>Equip/Tooling <input type="checkbox"/><br>Handling/Pre <input type="checkbox"/><br>Material <input type="checkbox"/><br>Internal Transport <input type="checkbox"/><br>Tribal Knowledge <input type="checkbox"/><br>LOA <input type="checkbox"/><br>Substation <input type="checkbox"/><br>Past Expiry Date <input type="checkbox"/><br>Misidentified <input type="checkbox"/> | No Re-verification <input type="checkbox"/><br>Operator <input type="checkbox"/><br>Offset/Setup <input type="checkbox"/><br>Supplier <input type="checkbox"/><br>Training <input type="checkbox"/><br>Use for Testing <input type="checkbox"/><br>Poor Information <input type="checkbox"/><br>Rushing <input type="checkbox"/><br>Product Improvement <input type="checkbox"/><br>Process Improvement <input type="checkbox"/><br>Manufacturing Process <input type="checkbox"/><br>Past Due <input type="checkbox"/> | Pressure/Forced <input type="checkbox"/><br>Bending <input type="checkbox"/><br>Centre Not Concentric <input type="checkbox"/><br>Cracks <input type="checkbox"/><br>Crimp/Kink/Ripple/Wave <input type="checkbox"/><br>Cuffs <input type="checkbox"/><br>Crushing <input type="checkbox"/><br>Heat Treat <input type="checkbox"/><br>Wave/Twist in Tube <input type="checkbox"/><br>Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Temperature/Cure <input type="checkbox"/><br>Set-up <input type="checkbox"/><br>BOM/Route <input type="checkbox"/><br>Broken/Damage/Defect <input type="checkbox"/><br>Inspection Incomplete/Unqualified <input type="checkbox"/><br>Contamination <input type="checkbox"/><br>Countersink <input type="checkbox"/><br>Cut Too Short <input type="checkbox"/><br>Instructions Incomplete/Unclear <input type="checkbox"/><br>Drill Holes <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/><br>Folio/Program <input type="checkbox"/><br>Grain <input type="checkbox"/><br>Weld <input type="checkbox"/><br>Wrong Stock Pulled <input type="checkbox"/><br>Out of Sequence <input type="checkbox"/><br>Off-set <input type="checkbox"/><br>Misabeled <input type="checkbox"/><br>Fit/Function <input type="checkbox"/><br>Misaligned/off center <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/><br>Outside Dimensions <input type="checkbox"/><br>Over/Under tolerance <input type="checkbox"/><br>Part Incorrect <input type="checkbox"/><br>Part Lost/Missing <input type="checkbox"/><br>Part Moved <input type="checkbox"/><br>Drawing <input type="checkbox"/><br>Finish <input type="checkbox"/><br>Misread <input type="checkbox"/><br>Turning Sequence <input type="checkbox"/> |
| OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                   |



# Picklist Print

Wednesday, January 25, 2017 9:00:27 AM

Page 3

Work Order ID: 156046

**\*156046\***

Parent Item: D206-781-011L02

**\*D206-781-011L02\***

Parent Item Name: Floor Protector - Pilot & Co-Pilot Black

Start Date: 1/31/2017

Required Date: 2/3/2017

Start Qty: 1.00

Required Qty: 1.00

NAS43DD4-20

Purchased

No

110

Each

25.0000

**\*NAS43DD4-20\***  
SPACER

\*\*

FEB 06 2017

Location

Loc Qty

Loc Code

ST550

25

m134764

25

NAS43DD4-64

Purchased

No

110

Each

6.0000

**\*NAS43DD4-64\***  
SPACER

\*\*

FEB 06 2017

Location

Loc Qty

Loc Code

ST551

6

m129150

6

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |              |  |
|--------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|-------------------------------------------------------------------------------------------------------------------|--------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |  | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |  | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>             Skid-tube <input type="checkbox"/><br/>             Machining <input type="checkbox"/><br/>             Thermoforming <input type="checkbox"/><br/>             Large Fab <input type="checkbox"/> </div> <div>             Cross tube <input type="checkbox"/><br/>             Small Fab <input type="checkbox"/><br/>             Finishing <input type="checkbox"/><br/>             Composite <input type="checkbox"/> </div> <div>             Water Jet <input type="checkbox"/><br/>             Prod. Eng. Coord. <input type="checkbox"/><br/>             Rec/Store/Packaging <input type="checkbox"/><br/>             Supplier <input type="checkbox"/> </div> <div>             Engineering <input type="checkbox"/><br/>             Quality <input type="checkbox"/><br/>             Other <input type="checkbox"/> </div> </div> |  |  |                                                                                                                   |              |  |
| Date :                                                       |  | Step #:                                                                                                                                                                            |  | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  | <b>MRB (QSI042) Approval</b><br><br><div style="border: 1px solid black; height: 150px; margin-top: 10px;"></div> |              |  |
| Description Work Order Deviation                             |  |                                                                                                                                                                                    |  | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |  |                                                                                                                   |              |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   |              |  |
|                                                              |  |                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |  |                                                                                                                   | Completed By |  |
|                                                              |  |                                                                                                                                                                                    |  | Lead hand / Supervisor Approval Verification                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                   |              |  |
|                                                              |  |                                                                                                                                                                                    |  | QC / QA Coordinator Approval                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |  |                                                                                                                   |              |  |

| Root Cause                                  |  |                                                |  | FAULT CATEGORY                                  |  |                                                            |  |
|---------------------------------------------|--|------------------------------------------------|--|-------------------------------------------------|--|------------------------------------------------------------|--|
| Environment <input type="checkbox"/>        |  | No Re-verification <input type="checkbox"/>    |  | Pressure/Forced <input type="checkbox"/>        |  | Temperature/Cure <input type="checkbox"/>                  |  |
| Design <input type="checkbox"/>             |  | Operator <input type="checkbox"/>              |  | Bending <input type="checkbox"/>                |  | Set-up <input type="checkbox"/>                            |  |
| Doc/Data <input type="checkbox"/>           |  | Offset/Setup <input type="checkbox"/>          |  | Centre Not Concentric <input type="checkbox"/>  |  | BOM/Route <input type="checkbox"/>                         |  |
| Equip/Tooling <input type="checkbox"/>      |  | Supplier <input type="checkbox"/>              |  | Cracks <input type="checkbox"/>                 |  | Broken/Damage/Defect <input type="checkbox"/>              |  |
| Handling/Pre <input type="checkbox"/>       |  | Training <input type="checkbox"/>              |  | Crimp/Kink/Ripple/Wave <input type="checkbox"/> |  | Inspection Incomplete/Unqualified <input type="checkbox"/> |  |
| Material <input type="checkbox"/>           |  | Use for Testing <input type="checkbox"/>       |  | Cuffs <input type="checkbox"/>                  |  | Contamination <input type="checkbox"/>                     |  |
| Internal Transport <input type="checkbox"/> |  | Poor Information <input type="checkbox"/>      |  | Crushing <input type="checkbox"/>               |  | Countersink <input type="checkbox"/>                       |  |
| Tribal Knowledge <input type="checkbox"/>   |  | Rushing <input type="checkbox"/>               |  | Heat Treat <input type="checkbox"/>             |  | Cut Too Short <input type="checkbox"/>                     |  |
| LOA <input type="checkbox"/>                |  | Product Improvement <input type="checkbox"/>   |  | Wave/Twist in Tube <input type="checkbox"/>     |  | Instructions Incomplete/Unclear <input type="checkbox"/>   |  |
| Substation <input type="checkbox"/>         |  | Process Improvement <input type="checkbox"/>   |  | Marks/Chatter <input type="checkbox"/>          |  | Drill Holes <input type="checkbox"/>                       |  |
| Past Expiry Date <input type="checkbox"/>   |  | Manufacturing Process <input type="checkbox"/> |  | OTHER : _____                                   |  |                                                            |  |
| Misidentified <input type="checkbox"/>      |  | Past Due <input type="checkbox"/>              |  |                                                 |  |                                                            |  |

# **DART SERVICE INSTRUCTION**

TO AMEND INSTALLATION INSTRUCTIONS IIN-D407-781 REV. E + IIN-D407-781-1 REV. A  
AND INSTRUCTIONS FOR CONTINUED AIRWORTHINESS ICA-D407-781 REV. 4

REF TCCA STC: SH08-60  
REF FAA STC: SR02726NY  
REF EASA STC: EASA.IM.R.S.01541

## **PURPOSE:**

To add the Black Floor Protectors and re-identify the existing Clear Floor Protectors as outlined in the following table.

| Existing Part Number | New Part Numbers                                   |
|----------------------|----------------------------------------------------|
| D206-781-011         | D206-781-011L02 (Black)<br>D206-781-011L08 (Clear) |
| D206-781-021         | D206-781-021L02 (Black)<br>D206-781-021L08 (Clear) |
| D206-781-023         | D206-781-023L02 (Black)<br>D206-781-023L08 (Clear) |
| D407-781-025         | D407-781-025L02 (Black)<br>D407-781-025L08 (Clear) |
| D206-781-051         | D206-781-051L02 (Black)<br>D206-781-051L08 (Clear) |
| D206-781-053         | D206-781-053L02 (Black)<br>D206-781-053L08 (Clear) |
| D407-781-055         | D407-781-055L02 (Black)<br>D407-781-055L08 (Clear) |

## **INSTALLATION:**

The New Part Numbers listed in the table above should be installed and maintained per instructions provided in IIN-D407-781-1 and ICA-D407-781 for the Existing Part Numbers

## **WEIGHT AND BALANCE**

The Weight and Balance for the New Part Numbers listed in the table above is the same as provided in IIN-D407-781-1 and ICA-D407-781 for the Existing Part Numbers.

## **PARTS LIST:**

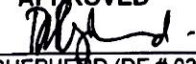
See pages 2-4 of this DSI

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NO. 1560-164

JAN 25 2017

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED

BY:   
D. SHEPHERD (DE # 02)

DATE: 14.04.09  
CERT. NO.: SH08-60  
ISSUE NO.: 1

|            |                                                                                     |                                                                                                                                                                                                                                                                                |              |
|------------|-------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| A          | NEW ISSUE                                                                           | AK                                                                                                                                                                                                                                                                             | 14.04.09     |
| REV.       | DESCRIPTION                                                                         | BY                                                                                                                                                                                                                                                                             | DATE         |
| DESIGN     | AK                                                                                  | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                      |              |
| DRAWN      | AK                                                                                  | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                    |              |
| CHECKED    | RF                                                                                  | DRAWING NO.                                                                                                                                                                                                                                                                    | REV. A       |
| MFG. APPR. | N/A                                                                                 | DSI 9695                                                                                                                                                                                                                                                                       | SHEET 1 OF 4 |
| APPROVED   |  | TITLE                                                                                                                                                                                                                                                                          | SCALE        |
| DE APPR.   |  | FLOOR PROTECTOR KIT, BLACK                                                                                                                                                                                                                                                     | NTS          |
| DATE       | 14.04.09                                                                            | COPYRIGHT © 2014 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS<br>NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT<br>WRITTEN PERMISSION FROM DART AEROSPACE LTD. |              |



**BELL 206 A/B**

| QTY -<br>051L02 | QTY -<br>051L08 | QTY -<br>011L02 | QTY -<br>011L08 | QTY -<br>021L02 | QTY -<br>021L08 | PART NUMBER     | DESCRIPTION                                                       |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------------------------------------------------------|
| X               |                 |                 |                 |                 |                 | D206-781-051L02 | FLOOR PROTECTOR KIT (BLACK)<br>(PILOT, CO-PILOT, PASSENGER CABIN) |
|                 | X               |                 |                 |                 |                 | D206-781-051L08 | FLOOR PROTECTOR KIT (CLEAR)<br>(PILOT, CO-PILOT, PASSENGER CABIN) |
| 1               |                 | X               |                 |                 |                 | D206-781-011L02 | FLOOR PROTECTOR KIT (BLACK)<br>(PILOT AND CO-PILOT)               |
|                 | 1               |                 | X               |                 |                 | D206-781-011L08 | FLOOR PROTECTOR KIT (CLEAR)<br>(PILOT AND CO-PILOT)               |
| 1               |                 |                 |                 | X               |                 | D206-781-021L02 | FLOOR PROTECTOR KIT (BLACK)<br>(PASSENGER ONLY)                   |
|                 | 1               |                 |                 |                 | X               | D206-781-021L08 | FLOOR PROTECTOR KIT (CLEAR)<br>(PASSENGER ONLY)                   |
|                 |                 | 1               |                 |                 |                 | D3874-1L02      | FLOOR PROTECTOR, CO-PILOT (BLACK)                                 |
|                 |                 |                 | 1               |                 |                 | D3874-1L08      | FLOOR PROTECTOR, CO-PILOT (CLEAR)                                 |
|                 |                 | 1               |                 |                 |                 | D3874-2L02      | FLOOR PROTECTOR, PILOT (BLACK)                                    |
|                 |                 |                 | 1               |                 |                 | D3874-2L08      | FLOOR PROTECTOR, PILOT (CLEAR)                                    |
|                 |                 |                 |                 | 1               |                 | D3875-1L02      | FLOOR PROTECTOR, PASSENGER (BLACK)                                |
|                 |                 |                 |                 |                 | 1               | D3875-1L08      | FLOOR PROTECTOR, PASSENGER (CLEAR)                                |
|                 |                 |                 |                 | 2               | 2               | D3934-041       | CLIP ASSEMBLY                                                     |
|                 |                 |                 |                 | 4               | 4               | D4820-041       | CLIP ASSEMBLY                                                     |
|                 |                 | 4               | 4               |                 |                 | D3800-1-100-300 | LOOP STRIP                                                        |
|                 |                 | 4               | 4               |                 |                 | D3800-3-100-300 | HOOK STRIP                                                        |
|                 |                 |                 |                 | 2               | 2               | D3800-1-100-500 | LOOP STRIP                                                        |
|                 |                 |                 |                 | 2               | 2               | D3800-3-100-500 | HOOK STRIP                                                        |
|                 |                 | 2               | 2               |                 |                 | AN4-13A         | BOLT                                                              |
|                 |                 |                 |                 | 4               | 4               | AN525-10R6      | SCREW                                                             |
|                 |                 | 2               | 2               |                 |                 | AN960JD416      | WASHER                                                            |
|                 |                 | 2               | 2               |                 |                 | NAS43DD4-20     | SPACER                                                            |
|                 |                 | 1               | 1               |                 |                 | NAS43DD4-64     | SPACER                                                            |

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED

BY: *D. Shepherd*  
D. SHEPHERD (DE # 02)

DATE: 14.04.09  
CERT. NO.: SH08-60  
ISSUE NO.: 1

|            |                    |                                                                                                                                                                                                                                                                                                  |              |
|------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AK                 | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                        |              |
| DRAWN      | AK                 | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                                      |              |
| CHECKED    | RF                 | DRAWING NO.                                                                                                                                                                                                                                                                                      | REV. A       |
| MFG. APPR. | N/A                | DSI 9695                                                                                                                                                                                                                                                                                         | SHEET 2 OF 4 |
| APPROVED   | <i>[Signature]</i> | TITLE                                                                                                                                                                                                                                                                                            | SCALE        |
| DE APPR.   |                    | FLOOR PROTECTOR KIT, BLACK                                                                                                                                                                                                                                                                       | NTS          |
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BELL 206 L/L1/L3/L4

| QTY -<br>053L02 | QTY -<br>053L08 | QTY -<br>011L02 | QTY -<br>011L08 | QTY -<br>023L02 | QTY -<br>023L08 | PART NUMBER     | DESCRIPTION                                                       |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------------------------------------------------------|
| X               |                 |                 |                 |                 |                 | D206-781-053L02 | FLOOR PROTECTOR KIT (BLACK)<br>(PILOT, CO-PILOT, PASSENGER CABIN) |
|                 | X               |                 |                 |                 |                 | D206-781-053L08 | FLOOR PROTECTOR KIT (CLEAR)<br>(PILOT, CO-PILOT, PASSENGER CABIN) |
| 1               |                 | X               |                 |                 |                 | D206-781-011L02 | FLOOR PROTECTOR KIT (BLACK)<br>(PILOT AND CO-PILOT)               |
|                 | 1               |                 | X               |                 |                 | D206-781-011L08 | FLOOR PROTECTOR KIT (CLEAR)<br>(PILOT AND CO-PILOT)               |
| 1               |                 |                 |                 | X               |                 | D206-781-023L02 | FLOOR PROTECTOR KIT (BLACK)<br>(PASSENGER ONLY)                   |
|                 | 1               |                 |                 |                 | X               | D206-781-023L08 | FLOOR PROTECTOR KIT (CLEAR)<br>(PASSENGER ONLY)                   |
|                 |                 | 1               |                 |                 |                 | D3874-1L02      | FLOOR PROTECTOR, CO-PILOT (BLACK)                                 |
|                 |                 |                 | 1               |                 |                 | D3874-1L08      | FLOOR PROTECTOR, CO-PILOT (CLEAR)                                 |
|                 |                 | 1               |                 |                 |                 | D3874-2L02      | FLOOR PROTECTOR, PILOT (BLACK)                                    |
|                 |                 |                 | 1               |                 |                 | D3874-2L08      | FLOOR PROTECTOR, PILOT (CLEAR)                                    |
|                 |                 |                 |                 | 1               |                 | D3898-1L02      | FLOOR PROTECTOR, PASSENGER (BLACK)                                |
|                 |                 |                 |                 |                 | 1               | D3898-1L08      | FLOOR PROTECTOR, PASSENGER (CLEAR)                                |
|                 |                 |                 |                 | 2               | 2               | D3934-041       | CLIP ASSEMBLY                                                     |
|                 |                 | 4               | 4               |                 |                 | D3800-1-100-300 | LOOP STRIP                                                        |
|                 |                 | 4               | 4               |                 |                 | D3800-3-100-300 | HOOK STRIP                                                        |
|                 |                 |                 |                 | 2               | 2               | D3800-1-100-500 | LOOP STRIP                                                        |
|                 |                 |                 |                 | 2               | 2               | D3800-3-100-500 | HOOK STRIP                                                        |
|                 |                 | 2               | 2               |                 |                 | AN4-13A         | BOLT                                                              |
|                 |                 |                 |                 | 4               | 4               | AN525-10R6      | SCREW                                                             |
|                 |                 | 2               | 2               |                 |                 | AN960JD416      | WASHER                                                            |
|                 |                 | 2               | 2               |                 |                 | NAS43DD4-20     | SPACER                                                            |
|                 |                 | 1               | 1               |                 |                 | NAS43DD4-64     | SPACER                                                            |

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED

BY:   
D. SHEPHERD (DE # 02)

DATE: 14.04.09  
CERT. NO.: SH08-60  
ISSUE NO.: 1

|            |                                                                                     |                                                                                                                                                                                                                                                                                          |              |
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| DESIGN     | AK                                                                                  | <b>DART AEROSPACE LTD</b>                                                                                                                                                                                                                                                                |              |
| DRAWN      | AK                                                                                  | HAWKESBURY, ONTARIO, CANADA                                                                                                                                                                                                                                                              |              |
| CHECKED    | RF                                                                                  | DRAWING NO.                                                                                                                                                                                                                                                                              | REV. A       |
| MFG. APPR. | N/A                                                                                 | DSI 9695                                                                                                                                                                                                                                                                                 | SHEET 3 OF 4 |
| APPROVED   |  | TITLE                                                                                                                                                                                                                                                                                    | SCALE        |
| DE APPR.   |                                                                                     | FLOOR PROTECTOR KIT, BLACK                                                                                                                                                                                                                                                               | NTS          |
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**BELL 407**

| QTY -<br>055L02 | QTY -<br>055L08 | QTY -<br>011L02 | QTY -<br>011L08 | QTY -<br>025L02 | QTY -<br>025L08 | PART NUMBER     | DESCRIPTION                                                       |
|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------------------------------------------------------|
| X               |                 |                 |                 |                 |                 | D407-781-055L02 | FLOOR PROTECTOR KIT (BLACK)<br>(PILOT, CO-PILOT, PASSENGER CABIN) |
|                 | X               |                 |                 |                 |                 | D407-781-055L08 | FLOOR PROTECTOR KIT (CLEAR)<br>(PILOT, CO-PILOT, PASSENGER CABIN) |
| 1               |                 | X               |                 |                 |                 | D206-781-011L02 | FLOOR PROTECTOR KIT (BLACK)<br>(PILOT AND CO-PILOT)               |
|                 | 1               |                 | X               |                 |                 | D206-781-011L08 | FLOOR PROTECTOR KIT (CLEAR)<br>(PILOT AND CO-PILOT)               |
| 1               |                 |                 |                 | X               |                 | D407-781-025L02 | FLOOR PROTECTOR KIT (BLACK)<br>(PASSENGER ONLY)                   |
|                 | 1               |                 |                 |                 | X               | D407-781-025L08 | FLOOR PROTECTOR KIT (CLEAR)<br>(PASSENGER ONLY)                   |
|                 |                 | 1               |                 |                 |                 | D3874-1L02      | FLOOR PROTECTOR, CO-PILOT (BLACK)                                 |
|                 |                 |                 | 1               |                 |                 | D3874-1L08      | FLOOR PROTECTOR, CO-PILOT (CLEAR)                                 |
|                 |                 | 1               |                 |                 |                 | D3874-2L02      | FLOOR PROTECTOR, PILOT (BLACK)                                    |
|                 |                 |                 | 1               |                 |                 | D3874-2L08      | FLOOR PROTECTOR, PILOT (CLEAR)                                    |
|                 |                 |                 |                 | 1               |                 | D3940-1L02      | FLOOR PROTECTOR, PASSENGER (BLACK)                                |
|                 |                 |                 |                 |                 | 1               | D3940-1L08      | FLOOR PROTECTOR, PASSENGER (CLEAR)                                |
|                 |                 | 4               | 4               |                 |                 | D3800-1-100-300 | LOOP STRIP                                                        |
|                 |                 | 4               | 4               |                 |                 | D3800-3-100-300 | HOOK STRIP                                                        |
|                 |                 |                 |                 | 2               | 2               | D3800-1-100-500 | LOOP STRIP                                                        |
|                 |                 |                 |                 | 2               | 2               | D3800-3-100-500 | HOOK STRIP                                                        |
|                 |                 | 2               | 2               |                 |                 | AN4-13A         | BOLT                                                              |
|                 |                 |                 |                 | 2               | 2               | AN525-10R6      | SCREW                                                             |
|                 |                 | 2               | 2               |                 |                 | AN960JD416      | WASHER                                                            |
|                 |                 | 2               | 2               |                 |                 | NAS43DD4-20     | SPACER                                                            |
|                 |                 | 1               | 1               |                 |                 | NAS43DD4-64     | SPACER                                                            |

CANADA  
DEPARTMENT OF TRANSPORT  
AIRCRAFT CERTIFICATION  
BRANCH  
DAO # 01-O-01

APPROVED

BY:   
D. SHEPHERD (DE # 02)

DATE: 14.04.09  
CERT. NO.: SH08-60  
ISSUE NO.: 1

|            |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                               |              |
|------------|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| DESIGN     | AK                                                                                  | <b>DART AEROSPACE LTD</b><br>HAWKESBURY, ONTARIO, CANADA<br>DRAWING NO. <b>DSI 9695</b><br>TITLE <b>FLOOR PROTECTOR KIT, BLACK</b><br>COPYRIGHT © 2014 BY DART AEROSPACE LTD<br><small>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD.</small> | REV. A       |
| DRAWN      | AK                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                               | SHEET 4 OF 4 |
| CHECKED    | RF                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                               | SCALE        |
| MFG. APPR. | N/A                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                               | NTS          |
| APPROVED   |  |                                                                                                                                                                                                                                                                                                                                                                                                                               |              |
| DE APPR.   |                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                               |              |
| DATE       | 14.04.09                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                               |              |



5.3 BELL 407

| Qty<br>-055 | Qty<br>-011 | Qty<br>-025 | Part Number     | Description                                               |
|-------------|-------------|-------------|-----------------|-----------------------------------------------------------|
| X           |             |             | D407-781-055    | FLOOR PROTECTOR KIT<br>(PILOT, CO-PILOT, PASSENGER CABIN) |
| 1           | X           |             | D206-781-011    | FLOOR PROTECTOR KIT<br>(PILOT AND CO-PILOT)               |
| 1           |             | X           | D407-781-025    | FLOOR PROTECTOR KIT<br>(PASSENGER CABIN)                  |
|             | 1           |             | D3874-1         | FLOOR PROTECTOR, CO-PILOT                                 |
|             | 1           |             | D3874-2         | FLOOR PROTECTOR, PILOT                                    |
|             |             | 1           | D3940-1         | FLOOR PROTECTOR, PASSENGER                                |
|             | 4           |             | D3800-1-100-300 | LOOP STRIP                                                |
|             | 4           |             | D3800-3-100-300 | HOOK STRIP                                                |
|             |             | 2           | D3800-1-100-500 | LOOP STRIP                                                |
|             |             | 2           | D3800-3-100-500 | HOOK STRIP                                                |
|             | 2           |             | AN4-13A         | BOLT                                                      |
|             |             | 2           | AN525-10R6      | SCREW                                                     |
|             | 2           |             | AN960JD416      | WASHER                                                    |
|             | 2           |             | NAS43DD4-20     | SPACER                                                    |
|             | 1           |             | NAS43DD4-64     | SPACER                                                    |

**Work Order ID 156046****\*156046\***

Page 1

Monday, February 06, 2017 9:28:19 AM

**Item ID:** D206-781-011L02**Accept****\*N900040100\*****Setup Start****\*NS1\*****Revision ID:****Stop****\*NS2\*****Item Name:** Floor Protector - Pilot & Co-Pilot Black**Start Date:** 1/31/2017 **Start Qty:** 2.00**\*2\*****Cust Item ID:****Required Date:** 2/3/2017 **Req'd Qty:** 2.00**\*2\*****Customer:****Reference:****Approvals:** **Process Plan:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Tooling:** \_\_\_\_\_ **Date:** \_\_\_\_\_**Run Start****\*NR1\*****QC:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **SPC (Y/N):** \_\_\_\_\_ **Date:** \_\_\_\_\_**Stop****\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr | Revision Nbr |
|----------|--------------|
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|         |   |
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| DSI9695 | A |
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|-----|------------------|------|--|--|--|--|--|--|--|
| 100 | Document Control | 0.00 |  |  |  |  |  |  |  |
|-----|------------------|------|--|--|--|--|--|--|--|

**\*100\***

DC

**Memo**

0.00

Doc.Control -USB or Paperwork

Photocopy bluefile & type labels per PPP D206-781-011  
Chg001DAS  
21  
9-89

FEB 06 2017

|     |          |      |  |  |  |  |  |  |  |
|-----|----------|------|--|--|--|--|--|--|--|
| 110 | Pick Kit | 0.00 |  |  |  |  |  |  |  |
|-----|----------|------|--|--|--|--|--|--|--|

**\*110\***

Packaging

**Memo**

0.00

Packaging

|     |                                         |      |  |  |  |  |  |  |  |
|-----|-----------------------------------------|------|--|--|--|--|--|--|--|
| 120 | QC4- 100% Inspect kits for completeness | 0.00 |  |  |  |  |  |  |  |
|-----|-----------------------------------------|------|--|--|--|--|--|--|--|

**\*120\***

QC

**Memo**

0.01

Quality Control